

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010865

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1429

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
63 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3910 E. 58 Terr

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Lester

Middle W.

Last Crawford

4. DATE OF DEATH

Month March

Day 9

Year 1962

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-7-1897

9. AGE (last birthday)
64

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY
K. C. Transit

11. BIRTHPLACE (City and state or country)
Atchinson Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Henry E. Crawford

13b. MOTHER'S MAIDEN NAME

Mary Ruth Little

14. NAME OF HUSBAND OR WIFE

Lottie E. Crawford, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Lottie E. Crawford, 3910 E. 58 Terr

18. CAUSE OF DEATH (Enter only one cause per line for terminal cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Craniotomy for chronic subdural hematoma and cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
2/24/62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hemorrhage and encephalomalacia of left frontal lobe; bronchial pneumonia, hypertrophy of heart,
DUE TO (c) Mild aortic and coronary arteriosclerosis.

3/9/62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from February 24, 1962 to March 9, 1962 and last saw him alive on March 9, 1962
Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
C. Multhaupt (Degree or title)

22b. ADDRESS
1222 McGee, Kansas City, Mo

22c. DATE SIGNED
3-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
3-13-1962

23c. NAME OF CEMETERY OR CREMATORY
Floral Hills, Inc

23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

24. FUNERAL DIRECTOR
Floral Hills Memorial Chapels, Inc
Blue Ridge & Gregory

25. DATE RECD. BY LOCAL REG.
3-12-62

26. REGISTRAR'S SIGNATURE
Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Multhaupt

VS 300
Rev. 4/59

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